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7590

12/14/2001

NATH & ASSOCIATES PLLC

Sixth Floor
1030 15th Street NW
Washington, DC 20005

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/610,489

07/05/2000

Subraman Rao Cherukuri

24224

3923

TITLE OF INVENTION: RAPID-MELT SEMI-SOLID COMPOSITIONS, METHODS OF MAKING SAME AND METHOD OF USING SAME

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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33

nonprovisional

YES

\$640

\$0

\$640

03/14/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FUBARA, BLESSING M

1615

424-484000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Nath & Associates PLLC

Gary M. Nath

Jerald L. Meyer

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Capricorn Pharma, Inc.

Frederick, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0112 (enclose an extra copy of this form).

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Authorized Signature: Gary M. Nath (Date) 03/6/02
Reg. No. 26,965

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03/12/2002 CHIEF

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